


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # F02000005267

1. Entity Name
COMMUNICATION SERVICES, INC., A CORPORATION OF DELAWARE



Principal Place of Business Mailing Address

2151 EAST BROADWAY ROAD 2151 EAST BROADWAY ROAD
 217 217
 TEMPE, AZ 85282 TEMPE, AZ 85282

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
86-1002854 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERLING, PETER 2151 EAST BROADWAY ROAD # 217 TEMPE, AZ 85282
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYDER-GRAY, MARY 2151 EAST BROADWAY ROAD #217 TEMPE, AZ 85282
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYDER-GRAY, MARY 2151 EAST BROADWAY ROAD # 217 TEMPE, AZ 85282
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEVAK, JASON 2151 E BROADWAY RD., #217 TEMPE, AZ 85282
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000703360
 04/20/07-80136-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **M.H. GRAY** 1/12/07 480-905-8689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #